

## **REPORT FORM FOR SUSPECTED ALCOHOL/DRUG IMPAIRMENT**

### ***REQUIRED ACTION***

It is the responsibility of each supervisor to take immediate action and to complete this form whenever the supervisor observes or is made aware of a situation where an employee is suspected of being under the influence of alcohol or a controlled substance and objective facts support a drug screening test.

### ***REASONABLE BELIEF***

For the purposes of requiring an employee to submit to a drug screening test, a reasonable belief must exist that an employee is under the influence of alcohol or a controlled substance. Objective facts upon which a belief may be based include but are not limited to the following:

1. Abnormal conduct or erratic behavior not otherwise normally explainable (use checklist to establish reasonable suspicion);
2. The odor of alcohol or a controlled substance on the breath of the employee;
3. Observation of consumption of alcohol;
4. Observation of the possession or use of a controlled substance that is reported by a credible source; or
5. Occurrence of any accident while the employee is on the premises of the workplace for which the employee receives medical treatment.

### ***REQUIRED PROCEDURE***

1. Have another supervisor or employee confirm your observations. Complete sections (2) through (9) on this form.
2. Name of Employee: \_\_\_\_\_
3. Position of Employee: \_\_\_\_\_
4. Date of Incident: \_\_\_\_\_
5. Time of Incident: \_\_\_\_\_
6. State the objective evidence giving reasonable belief that the employee was under the influence of alcohol or a controlled substance at the time of the incident or observation. Physical evidence, witness statements, and other pertinent information should be retained and filed for future reference. (Use additional sheets, if necessary.)

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## **REPORT FORM FOR SUSPECTED ALCOHOL/DRUG IMPAIRMENT (CONTINUED)**

7. The supervisor should request the employee's presence. The employee should be reminded of the State policy on the use of alcohol and controlled substances and be presented with the specific charge(s) and supporting evidence.

Be sure the employee receives a copy of the consent form which advises the employee that:

- a. He will be tested for alcohol, drugs, or both;
- b. The results of the test are not admissible in a criminal proceeding against him; and
- c. He may refuse the test, but his refusal may result in his dismissal or other disciplinary action.

**NOTE: NRS 284.4065 requires that an employee receive this information in writing. The consent form meets this requirement.**

8. If the employee has a response to the charge(s), it should be recorded below and a proper investigation completed where warranted.

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9. Request the employee to submit to a screening test for alcohol and/or controlled substance. (Circle one or both.)
- a. If the employee agrees, have the employee sign the "Alcohol/Drug Test Consent Form" and proceed to have the employee tested. Pursuant to agency policy, place the employee on administrative leave if applicable, pending the results of the screening test and appropriate disposition by the appointing authority.
  - b. If the employee refuses to be tested or sign the consent form, the employee should be informed that his refusal may result in disciplinary action up to and including termination and this should be documented in writing on the consent form.
10. In cases where an employee is suspected of being under the influence of alcohol or a controlled substance, the Nevada Highway Patrol may be contacted for assistance in conducting and transporting the employee for tests. The employee must be provided transportation home, contact your agency's Human Resources department for your agency's procedure.

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Signature of Supervisor

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Date

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Signature of Witness

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Date